

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. **HZ510861**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>BAKER, THOMAS J</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>14366</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE <b>1333 N CLEVELAND AVE</b>	
DATE OF APPOINTMENT <b>27-AUG-2007</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT <b>018</b>	BEAT/CALL NO. <b>1821R</b>	LOCATION CODE <b>289-RESIDENCE PORCH/HALLWAY</b>	BEAT OF OCCURRENCE <b>1821</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DATE OF OCCURRENCE <b>11-NOV-2016</b>	TIME <b>04:30:00</b>
HEIGHT <b>601</b>	WEIGHT <b>205</b>	DAY OF WEEK <b>FRIDAY</b>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <b>3</b>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe: _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. S.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
TYPE OF ACTIVITY		MANNER OF ATTACK	
<input checked="" type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF WEAPON/THREAT		TYPE OF WEAPON/THREAT	
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		<input checked="" type="checkbox"/> D. HANDS/FISTS <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
OFFENDER INFORMATION		OFFENDER INFORMATION	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>BLACK</b> DOB <b>23-NOV-1963</b> CA NO. <b>19396499</b> IR NO.		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <b>1</b>	
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE WEATHER <input type="checkbox"/> G. OTHER APPROXIMATE OUTDOOR TEMPERATURE _____	
LIGHTING CONDITIONS AT INCIDENT		Attachment # <b>12</b>	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD			

WHILE AOS WERE FIGHTING WITH ARRESTEE AO BAKER USED HIS RADIO AS A TOOL TO  
HELP GAIN CONTROL OF THE ARRESTEE BY HITTING HIM ON THE TOP OF THE HEAD WITH  
SAID RADIO TRYING TO FINISH PLACING ARRESTEE UNDER ARREST UNSUCCESSFULLY  
AND AWAITED BACK-UP ONCE AO'S TACTIC DID NOT WORK AO BAKER LAID ON TOP OF  
ARRESTEE ALONG WITH HIS PARTNER UNTIL ASSISTING OFFICERS WERE ABLE TO GAIN  
ENTRY TO THE BUILDING.

LOG # 1082962

Attachment # 12

REPORTING MEMBER - SIGNATURE  
BAKER, THOMAS J

STAR NO.  
14366

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
SCHMEER, PAULA C 225